

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402563541

Date Received:
12/30/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10000
Name of Operator: BP AMERICA PRODUCTION COMPANY
Address: 1199 MAIN AVENUE SUITE 101
City: DURANGO State: CO Zip: 81301
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>San Juan North Inspections</u>		<u>sjninspections@ikavenergy.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Sabre Beebe</u>	<u>970-769-9523</u>	<u>sabre.beebe@ikavenergy.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800813
Inspection Date: 11/05/2020 FIR Submit Date: 11/05/2020 FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY Company Number: 10000
Address: 1199 MAIN AVENUE SUITE 101
City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 334193

Location Name: HANSTEDT GAS UNIT 07U-01 Number: 7SWNW County: LA PLATA
-M34N8W
Qtrqtr: SWN Sec: 7 Twp: 34N Range: 8W Meridian: M
W
Latitude: 37.207568 Longitude: -107.764309

FACILITY - API Number: 05-067- -00 Facility ID: 284911

Facility Name: HANSTEDT 07U-01 Number: 4
Qtrqtr: SWN Sec: 7 Twp: 34N Range: 8W Meridian: M
W
Latitude: 37.207568 Longitude: -107.764309

CORRECTIVE ACTIONS:

1 CA# 144173

Corrective Action: Comply with Rule 603.f.

Date: 12/04/2020

Response: CA COMPLETED

Date of Completion: 12/30/2020

Operator Comment: On 12/30/20 operations provided photos that the concrete base for the perviously removed pumpjack had been removed see attached.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed see attached.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sabre Beebe

Signed: _____

Title: Specialist

Date: 12/30/2020 12:03:14 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402563547	Completion photos
-----------	-------------------

Total Attach: 1 Files